

Sports and Athletics

Department of Community Services

77 Reads Way • New Castle, DE 19720 (302) 395-5890 (office) • (302) 395-5892 (fax)

nccdesports.com





2023 SENIOR SOFTBALL LEAGUES

M/W Senior Draft League (62+) • T/Th Senior Draft League (58+)

| | M/W Senior Draft League (62+) | T/Th Senior Draft League (58+) | |
|-----------------|--|--|--|
| DAYS / TIMES | Mondays and Wednesdays, 6:00 PM | Tuesdays and Thursdays, 10:00 AM | |
| DATS / TIMES | Practices (6) begin week of April 10, 2023 | | |
| FEE: | Resident = \$44; Non-Resident = \$49 <i>After April 1: Res = \$54; NR = \$59</i> | Resident = \$44; Non-Resident = \$49 After April 1: Res = \$54; NR = \$59 | |
| TO REGISTER: | Register online at <u>nccdesports.com</u> (credit card payment required), or complete the attached form and forward to the Sports Office with payment. Deadline is 4:00 pm, April 1, 2023 for guaranteed placement in league. Registrations will be accepted after April 1 will be subject to the new registration policy (see below). | | |

- Players must reach the minimum age requirement by December 31, 2023
 - Shirts and balls provided for both Senior Draft Leagues

*** NEW *** REGISTRATION POLICY *** NEW ***

- Register for either one or both leagues on this form and include the appropriate payment.
- All players registered by the April 1 deadline will be assigned to a team in the initial league draft.
- Players registered after April 1 will be assigned to teams in a supplemental lottery held on April 11.
- Players who register after April 11 will be assigned to teams by the Sports Office ONLY IF NEEDED.

2023 SENIOR SOFTBALL LEAGUES PLAYER REGISTRATON FORM

Full payment must accompany registration form. Credit cards and checks/money orders (payable to "NCC") are accepted.

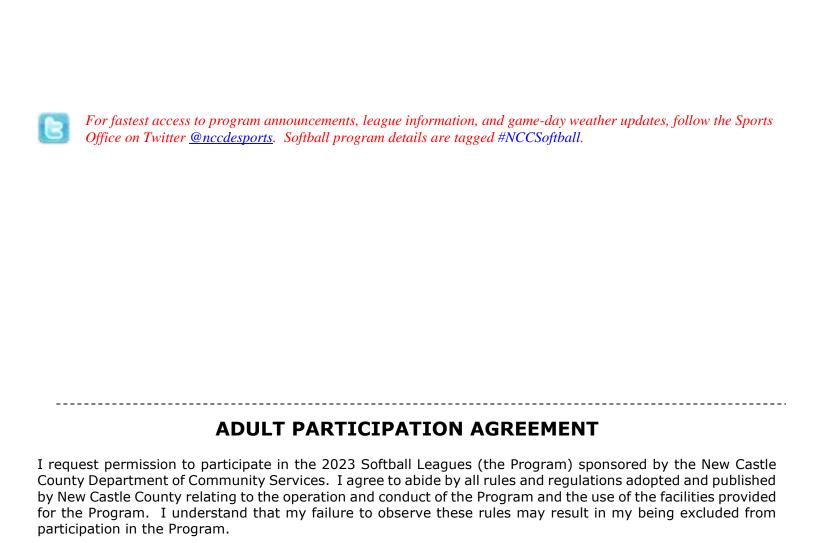
| Name | | Email | | | Birth Date |
|------------------------------|--------------------|--|---------------|------------------------|---|
| Address | | | | City, State, Zip Code | |
| Home Phone | Work | Phone | Cell Phone | | Cell Carrier (for text messaging) |
| Circle League Preference: | \$44 (NR: \$4 | M/W League - 62+ 49), <mark>After April 1 = \$54</mark> | (NR \$59) | | Th League - 58+ After April 1 = \$54 (NR \$59) |
| Position: | Primary Position (| specify position or "Infield" , | / "Outfield") | Secondary Position (sp | pecify position or "Infield" / "Outfield") |
| Team Rating: (Circle One) | 1 (Novice) | 2 | (Interm | 3 nediate) | 4 5 (Competitive) |
| Shirt Size: (Circle One) | М | L | X | ZL X | XL XXXL |

| For Office Use Date Amount Check Name Check No. / Bank No. | | | | | |
|--|----------------|------|--------|------------|----------------------|
| Tot office ose | For Office Use | Date | Amount | Check Name | Check No. / Bank No. |

For Credit Card Payment Only

American Express, Discover, MasterCard, and Visa accepted. Registration will be processed upon receipt of credit card information.

Check here to pay with a credit card. You will be contacted by staff for payment information.



I will be personally responsible for any financial cost incurred as a result of my participation in the Program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for loss, misplaced, stolen and/or damaged personal property and I hereby agree to release New Castle County from any such liability.

all liability occurring as a result of my participation in the Program.

I represent that I am physically able to participate in the Program. I fully understand and agree that my participation in the Program may entail the risk of physical injury. I agree to assume such risk and to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, resulting from my participation in the Program. I further agree to release, indemnify and hold harmless the Program and New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and

The undersigned has read and voluntarily signed this waiver slip.

| Name (print) | Date |
|--------------|------|
| | |
| Cianatura | |
| Signature | |